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New Suspect SARS Case Reported in Southern China

On January 8, 2004, the Chinese Ministry of Health (MOH) and the World Health Organization (WHO) reported a suspect case of severe acute respiratory syndrome (SARS) in a 20-year-old woman who works in a restaurant in Guangdong Province, China. A notice describing the new suspect case is provided below and is available on the WHO website at http://www.who.int/csr/don/2004_01_08/en/.

According to a Chinese MOH surveillance report and the WHO notice, the woman reported feeling discomfort on December 25 and had onset of fever on December 26. She was admitted to a hospital in Guangzhou city on December 31 and was transferred to an isolation room for treatment. On January 7, a panel of Chinese medical experts made a diagnosis of suspected SARS, and the patient was transferred to another hospital in Guangzhou city. She is reportedly in stable condition and has remained afebrile for the past 7 days. All 48 identified close contacts and 52 other contacts have shown no signs of illness to date. Additional epidemiologic investigations and laboratory studies are under way.

This is the second recent report of SARS in Guangdong Province. On January 5, the Chinese MOH and WHO announced that laboratory test results had confirmed evidence of SARS coronavirus (SARS-CoV) in a 32-year-old man in Guangdong Province, China. He remains in good condition, has been discharged from the hospital, and all 81 identified contacts are reported to be well. Chinese government authorities have initiated several measures to minimize contact between humans and animals thought to carry SARS CoV, including the culling of masked palm civits and related wild-animal species. The culling is expected to be completed within the next few days.

No link has been established at present between the confirmed case and the new suspect SARS case, and the source of exposure for both cases is unclear. A WHO team is traveling to Guangdong Province today to join Chinese MOH officials in conducting an expanded epidemiologic investigation of the confirmed case; activities will include searching for other human SARS cases and attempting to identify potential sources of animal-to-human transmission of SARS-CoV.

On a related matter, the Philippine Department of Health announced on January 7 that laboratory testing of a suspect SARS patient in Manila was negative for SARS-CoV, and the patient's illness has been reclassified as bacterial pneumonia. None of the patient's 46 contacts have shown signs of SARS-like illness. Additional information is available on the website of the WHO Western Region Office http://www.wpro.who.int/public/press_release/press_view.asp?id=323.

CDC remains in close communication with WHO about the newly identified suspect case in China and will provide additional information as it becomes available. The current U.S. guidelines and recommendations for SARS surveillance, evaluation, and reporting in the absence of SARS-CoV transmission still apply. Surveillance efforts in the current setting should aim to identify patients who require hospitalization for radiographically confirmed pneumonia or acute respiratory distress syndrome without identifiable etiology AND who have one of the following risk factors in the 10 days before the onset of illness:

* Travel to mainland China, Hong Kong, or Taiwan, or close contact with an ill person with a history of recent travel to one of these areas, OR
* Employment in an occupation associated with a risk for SARS-CoV exposure (e.g., healthcare worker with direct patient contact; worker in a laboratory that contains live SARS-CoV), OR
* Part of a cluster of cases of atypical pneumonia without an alternative diagnosis

Infection control practitioners and other healthcare personnel should also be alert for clusters of pneumonia among two or more healthcare workers who work in the same facility.

For more information about current U.S. SARS control guidelines, see the CDC document, "In the Absence of SARS-CoV Transmission Worldwide: Guidance for Surveillance, Clinical and Laboratory Evaluation, and Reporting" at http://www.cdc.gov/ncidod/sars/absenceofsars.htm. The document is part of CDC's draft Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) http://www.cdc.gov/ncidod/sars/sarsprepplan.htm.

Announcement of suspected SARS case in southern China; Investigation of source of infection for confirmed case begins tomorrow

8 January 2004

Health authorities in China have today announced a suspected case of SARS in the southern province of Guangdong. The patient, who has been treated under isolation since 31 December, is a 20-year-old woman from Henan Province who works at a restaurant in Guangzhou, the provincial capital city. The patient felt unwell on 25 December, developed a fever the following day, and sought medical treatment on 31 December. In line with diagnostic and management protocols issued by the Chinese Ministry of Health, she was immediately placed in isolation. She was diagnosed as a suspected case following review by a panel of Chinese SARS experts. Epidemiological investigations and laboratory tests are under way. The patient has been afebrile for the past seven days and is said to be in stable condition.

Altogether 100 contacts have been traced and placed under medical observation. At present, no signs or symptoms suggestive of SARS have developed in any of these contacts. The announcement follows Monday's laboratory confirmation of SARS in a 32-year-old male resident of Guangzhou. The man has fully recovered and has been

discharged from hospital. All close contacts of the patient, including health care workers, have remained in good health throughout the observation period, which has now ended.

At present, no epidemiological evidence has linked the confirmed case with the suspected case. The possible source of exposure in both cases is under investigation. Symptoms of SARS mimic those of several other respiratory diseases, including many that are more frequently seen during the winter months. Some of these diseases may also give rise to atypical pneumonia. It is likely that numerous other suspected cases will be reported over the coming weeks.

All currently available SARS diagnostic tests have shortcomings. In view of these limitations, WHO recommends that specimens taken from suspected SARS cases for laboratory analysis include nasopharyngeal aspirates and stool samples as well as serum. Each specimen should be divided into samples at the bedside, rather than in a laboratory where the risk of contamination is heightened. When positive or inconclusive results are obtained, one of the samples should be sent for independent testing at a WHO-designated SARS reference laboratory.

Investigative team arrives in Guangdong

A joint team of WHO and Chinese experts has arrived today in Guangdong to investigate possible sources of infection for the confirmed SARS case. Over the coming days, parallel investigations will look at possible human-to-human, animal-to-human, and environmental sources of transmission. Further information about the team is provided on the web site of the WHO Regional Office for the Western Pacific.
http://www.wpro.who.int/sars

Animal experts will also examine conditions surrounding the culling of masked palm civets and other wildlife species, and make recommendations for research that could shed light on the origins of the SARS coronavirus.

The SARS virus, which first emerged in Guangdong in mid-November 2002, is thought to have jumped to humans from some unidentified animal or environmental reservoir. Further research is urgently needed to determine sources of human exposure, including the possible involvement of specific animal species.

An investigation by a previous joint team of experts, conducted in Guangdong from 20 December to 2 January 2004, found a very high level of awareness of the symptoms of SARS among health care workers and pharmacists, and a very high level of preparedness to introduce appropriate public health measures. Good levels of infection control were in place at all four facilities where the confirmed case was examined or treated. Local and national authorities were rapidly alerted, and the tracing of 81 contacts was completed within 2 days.

Source: WHO Geneva http://www.who.int/csr/don/2004_01_08/en/